



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

KRISTY SIMANK, DC  
PO BOX 1506  
SPRING TX 77383-1506

#### **Respondent Name**

ARCH INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 19

#### **MFDR Tracking Number**

M4-11-0714-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Our charges for the disputed dates of service were denied based on this charged was reimbursed in accordance to the Texas Medical Fee Guidelines. Chapter 134.202 (e)(6)(c)(ii) for impairment ratings states an examining doctor, other than the treating doctor, shall bill and be reimbursed at \$350.00 for the MMI/IR evaluation, and the rule 134.202(e)(6)(D)(II) states the full physical evaluation, with range of motion, is perform then \$300 for the first musculoskeletal body area, and \$150.00 for each additional body area."

**Amount in Dispute:** \$650.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "After an additional review by our bill review company, it is our position that the medical provider did not bill correctly as the modifier combination is invalid. Our review indicates that no further monies owed at this time."

**Response Submitted by:** Gallagher Bassett, 6504 International Pkwy #2100, Plano, TX 75093

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 06, 2010	99456 WP MI	\$650.00	\$600.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.

2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated August 04, 2010
  - W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENTExplanation of benefits dated October 11, 2010
  - W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT
  - W1 – THIS LINE WAS INCLUDED IN THE RECONSIDERATION OF A PREVIOUSLY REVIEWED BILL.

### **Issues**

1. Has the doctor selected by the Treating Doctor acting in place of the Treating Doctor been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the provider able to use the –MI Multiple Impairment modifier?
3. Is the requestor entitled to additional reimbursement under 28 Texas Administrative Code §134.204?

### **Findings**

1. The requestor billed CPT code 99456-WP-MI. Per 28 Texas Administrative Code §134.204(j)(3)(C) a doctor selected by Treating Doctor to determine Maximum Medical Improvement and Impairment Rating (MMI/IR) in place of Treating Doctor shall bill with CPT code 99456 for the MMI evaluation. The doctor should also use modifier -WP if they also perform an IR calculation per 28 Texas Administrative Code §134.204(j)(4)(C)(iii). Review of the submitted documentation supports that MMI was determined and that an IR to bilateral upper extremities was calculated. Per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is \$350.00. Per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(II)(a), the MAR for a 1<sup>st</sup> musculoskeletal area IR using ROM is \$300.00. The respondent reimbursed \$50.00 for the MMI/IR and therefore has not been reimbursed per 28 Texas Administrative Code §134.204.
2. The additional modifier -MI is only used for assignment of multiple IRs by a Designated Doctor (DD). The requestor is not a DD and therefore is not eligible to use the –MI modifier and no additional payment would be allowable for its use.
3. The combined MAR for the documented MMI/IR services rendered is \$650.00. The respondent has paid \$50.00. The Requestor is due an additional recommended reimbursement of \$600.00.

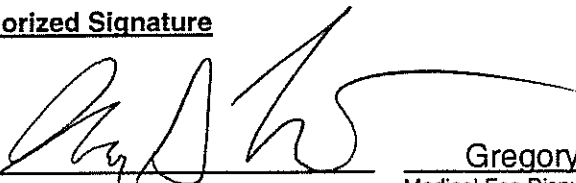
### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$600.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$600.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**



Signature

Gregory Fournerat  
Medical Fee Dispute Resolution Officer

October 11, 2011  
Date

### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

